



**TENNESSEE DOCUMENT SITE**  
1341 Anywhere Drive  
Nashville, TN 24056

## Individual Education Program (IEP)

From: 05/01/2009 To: 05/01/2010

☒ Annual

☐ Addendum

### Student Information

Student: SAMPLE  
(first)

STUDENT  
(last)

Birthdate: 05/01/2001

Grade: 3rd Grade

Student ID: 1859387432

Gender: M

Ethnic Group: White (not Hispanic)

School: Todd School

District: Tennessee Document Site

Primary Disability:  
Secondary Disability:

Specific Learning Disability  
None

Re-evaluation of Eligibility Date:

04/01/2010

### Medical Information:

Relationship to Student: Both Parents/Guardian  
Name: SAMPLE PARENTS  
Address: 100 Main Street, Anytown, TN, 37130

Home Phone:  
Work Phone:

Student Name: SAMPLE STUDENT  
DOB: 05/01/2001

**TENNESSEE DOCUMENT SITE**  
IEP Meeting Date: 05/01/2009

### Current Descriptive Information

Describe the student's strengths:

Description of the student's strengths

Describe the concerns of the parents regarding their student's education:  
Description of the parents' concerns

Describe how the student's disability affects involvement and progress in the general curriculum:  
Description of the the affect of the student's disability on his involvement and progress in the general curriculum

### Present Levels of Performance

Levels of functioning, should when applicable, include norm referenced and/or criterion referenced data, as well as descriptive information of the student's deficit areas.

Source of Information		Area Assessed	Date	Exceptional Yes/No
Custom Assessment 1		Academics	04/01/2009	Yes
Present Level of Performance:				
Subtest: Subtest 1		Date: 04/01/2009		
Full Scale : 74		Exceptional Yes/No : Y		
Subtest: Subtest 2		Date: 04/01/2009		
Full Scale : 65		Exceptional Yes/No : Y		

Source of Information		Area Assessed	Date	Exceptional Yes/No
Prevocational Assessment		Pre-vocational	03/24/2009	Yes
Present Level of Performance:				
Subtest: Prevoc Area 1		Date: 03/24/2009		
Std. Score : 69		Exceptional Yes/No : Y		
Subtest: Prevoc Area 2		Date: 03/24/2009		
Std. Score : 98		Exceptional Yes/No : N		
Subtest: Prevoc Area 3		Date: 03/24/2009		
Std. Score : 63		Exceptional Yes/No : Y		

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### Consideration of Special Factors for IEP Development

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Does the student have limited English proficiency? No

If yes, what is his/her primary mode of language? NA

Is the student blind or visually impaired? No

If yes, does the student need instruction in Braille? NA

Does the student have communication needs? No

If yes, what are they? N/A

Is the student deaf or hard of hearing? No

If yes, did the IEP Team consider:

a. the student's language and communication needs: N/A

b. opportunities for direct communications with peers and professional personnel in the student's language and communication mode: N/A

c. necessary opportunities for direct instruction in the student's language and communication mode? N/A

Is assistive technology necessary in order to implement the student's IEP? No

If yes, what is needed? N/A

Does the student's behavior impede his/her learning or that of others? No

If yes, the IEP Team has addressed the student's behavior in the following way(s):

☐ Functional Behavior Assessment ☐ Behavior Intervention Plan

☐ Goals and Objectives ☐ Other (write in) \_\_\_\_\_ ☐ Accommodations \_\_\_\_\_

### Measurable Annual Goals and Benchmarks/Short-term Instructional Objectives for IEP and Transition Activities

**Area of Need:** Academics

**Personnel/Position Responsible:** Special Education Assistant

**Goal 1 of 2**

**Annual Goal:** Informational Text - 3rd Grade: Apply appropriate reading strategies to comprehend informational text (e.g., prereading strategies, comprehension strategies). [GLE 0301.6.1]

Benchmarks/Short-Term Instructional Objectives	Anticipated Beginning Date	Criteria for Mastery	Method of Evaluation
Objective 1	05/01/2009	90	Standard Tests Data Collection
Objective 2	05/01/2009	90	Standard Tests Data Collection
Objective 3	05/01/2009	90	Standard Tests Data Collection Teacher-Made Tests

**Program Modifications/Supports for School Personnel:**

NA

**Goal 2 of 2**

**Area of Need:** Pre-vocational

**Personnel/Position Responsible:** General Education Classroom Teacher

**Annual Goal:** Prevocation Goal 1

Benchmarks/Short-Term Instructional Objectives	Anticipated Beginning Date	Criteria for Mastery	Method of Evaluation
Objective 1	05/01/2009	100	Teacher Observations Data Collection
Objective 2	08/15/2009	100	Teacher Observations Data Collection

Student Name: **SAMPLE STUDENT**  
DOB: 05/01/2001

**TENNESSEE DOCUMENT SITE**  
IEP Meeting Date: 05/01/2009

Objective 3	01/04/2010	100	Teacher Observations Data Collection
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**Program Modifications/Supports for School Personnel:**  
Consultation with Special Education Teacher

Benchmark/Short-Term Instructional Objectives above may contain the following codes after some or all of the benchmark/objective statements: Introduced (I), Developing (D), State CRT and Writing Assessed (A), and Mastered and Maintained (M). These codes indicate how the objective is being used in the general education curriculum and for TCAP testing at the specified grade level from which the objective is selected.

**Supplementary Aids/Services and Support for the child:**  
NA

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### Program Participation

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#### **b. Reading**

##### **Classroom Accommodations:**

•Assignments - Give extra cues/prompts on assignments.	•Assignments - Modify worksheet/packet format (essay, short answer, fill in blank, multiple choice, etc.).
•Assignments - Allow student to type or tape assignment.	•Assignments - Assignment book.

##### **Behavior Accommodations:**

•There are no Behavior Accommodations

##### **Custom Accommodations:**

•There are no Custom Accommodations

#### **c. English**

##### **Classroom Accommodations:**

•Assignments - Give extra cues/prompts on assignments.	•Assignments - Modify worksheet/packet format (essay, short answer, fill in blank, multiple choice, etc.).
•Assignments - Allow student to type or tape assignment.	•Assignments - Assignment book.

##### **Behavior Accommodations:**

•There are no Behavior Accommodations

##### **Custom Accommodations:**

•There are no Custom Accommodations

**d. Spelling : No Accommodation(s) Necessary**

**State/District Mandated Tests**

[X] Student will participate in the following state/district mandated assessment(s):

[X] Achievement                      [ ] EOC                      [ ] Gateway                      [ ] Writing

Gateway Tests                      Score                      Performance Level                      Date

- [ ] Mathematics/End of Course Algebra I
- [ ] Language Arts/End of Course English II
- [ ] Science/End of Course Biology I

**End-of-Course Test(s):**

- [ ] End of Course English I                      [ ] End of Course Math Foundations II                      [ ] End of Course US History                      [ ] End of Course Physical Science
- [ ] End of Course Algebra II                      [ ] End of Course Chemistry                      [ ] End of Course Geometry                      [ ] End of Course Technical Geometry
- [ ] End of Course English III                      [ ] End of Course Physics

**District Assessment:**

- [ ] A. No Accommodations                      [ ] B. Allowable Accommodations                      [ ] C. Special Accommodations                      [ ] D. ELL Accommodations

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**TENNESSEE DOCUMENT SITE**

IEP Meeting Date: 05/01/2009

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**TCAP Accommodations**

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Accommodations listed must be provided in general and special ed classroom instruction, classroom testing, and for the specific assessment(s) listed below

**TCAP Achievement (Grades 3-8)**  
**Allowable Accommodations**

- Flexible Scheduling of Subtests (within allotted time)
- Flexible Setting - Small group



**Special Education and Related Services**

**Direct Special Education**

Type of Service	Provider Title	Sessions Per	Time Per Session	Hours Per Week	Beginning-Ending Dates	Location of Services
Reading Support	Chair Person	5 Per week	1 hr	5 hrs and 0 mins	05/01/2009-05/01/2010	Special Ed Setting

Total Special Ed Minutes by Date Range		
Begin Date	End Date	Minutes per Week
05/01/2009	05/01/2010	300

**LRE and General Education**

Explain the extent, if any, in which the student **will not** participate with non-disabled peers in:

1. the regular class: Explanation of the extent to which this student will not participate with non-disabled peers in regular class.
2. extracurricular and nonacademic activities: Explanation of the extent to which this student will not participate with non-disabled peers in extracurricular activities.
3. and/or, his/her LEA Home School: This student attends his zoned school in his home LEA.

**Special Transportation**

No Special Transportation.

**Extended School Year**

On 05/01/2009 the IEP Team determined that Extended School Year (ESY) is not required.

IEP Participants

The following individuals attended the IEP Team and participated in the development of this Individualized Education Program.

Position	Signature	In Agreement	Date
Parent		<input type="checkbox"/> Yes <input type="checkbox"/> No	
LEA Representative		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Special Education Teacher		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Regular Education Teacher		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Interpreter of Evaluation Results		<input type="checkbox"/> Yes <input type="checkbox"/> No	

## Informed Parental Consent

<input type="checkbox"/> Yes	<input type="checkbox"/> No	I certify that I am the legal parent(s)/guardian(s)/surrogate(s) of this child.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	I have been informed of and understand my rights as a parent, and have received a copy of the notice of procedural safeguards.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	I have been involved in the IEP Team meeting and/or the development of this IEP, and give permission for the proposed program described in this IEP for my child.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	My child and I have been informed of his/her right to represent himself/herself upon his/her eighteenth birthday. (Note: This information must be provided beginning at least one year prior to the student's 18th birthday.)

Date IEP was given to parent(s): \_\_\_\_\_  
If the parent(s) did not attend, the person responsible for forwarding and explaining the contents of the IEP to the parents along with their rights is:

Parent/Guardian/Surrogate Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Documentation of IEP Review by Other Teachers not in Attendance:

Signature	Date	Signature	Date
Signature	Date	Signature	Date
Signature	Date	Signature	Date